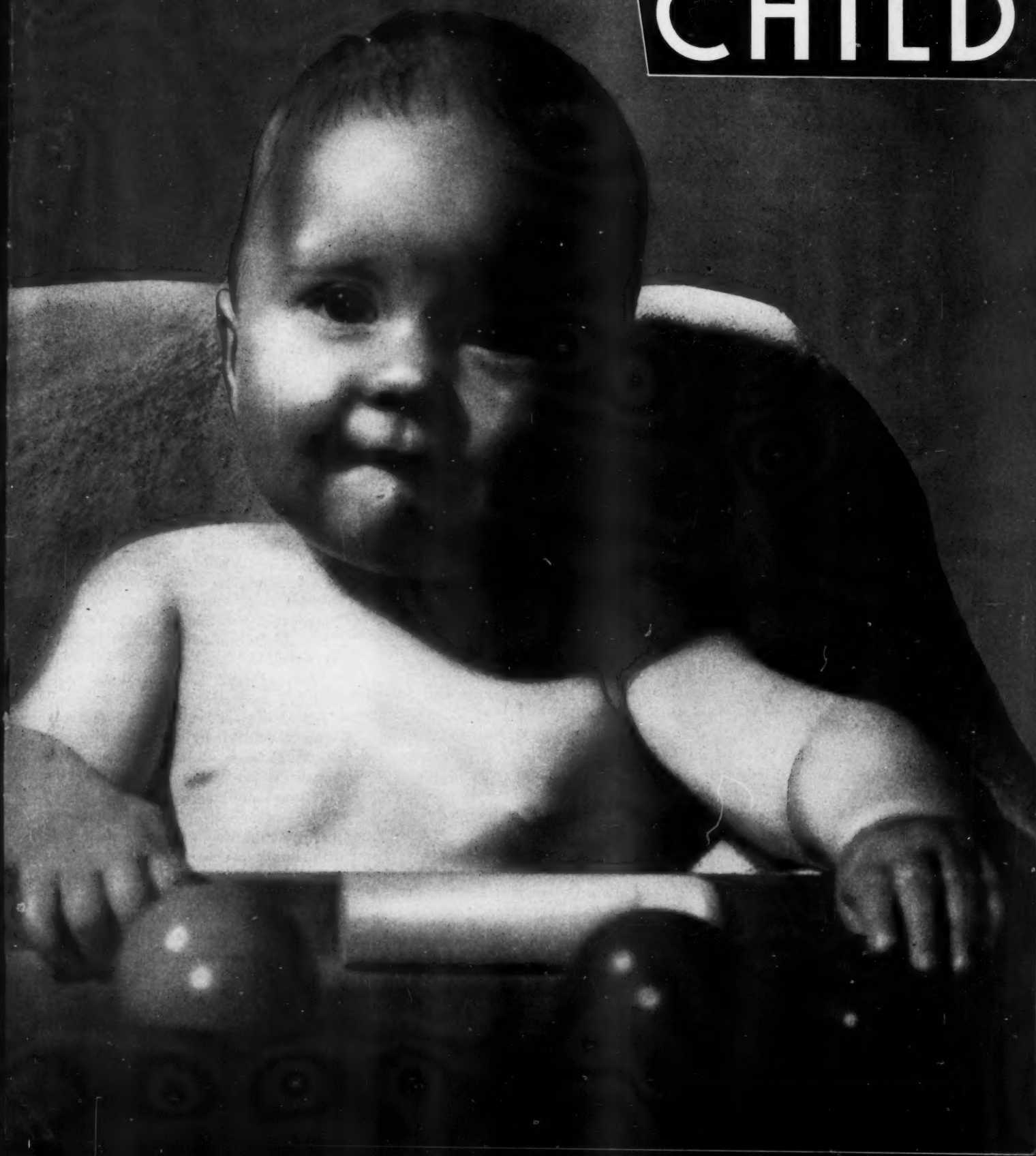


THE
CHILD

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WHAT DO CHILD-WELFARE SERVICES OFFER?

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TODAY hundreds of thousands of children are living under conditions that deprive them of the opportunities and privileges contributing to good citizenship.

Can ways be found, through social services, to meet the problems of these children, who need attention beyond that given by their parents, teachers, Sunday-school teachers, family physicians, and the other normal contacts in the lives of ordinary children?

Let us seek the answer to this question by asking five more: (1) Who are the children that need social services? (2) Whose responsibility is it to meet these needs? (3) What kind of services must be provided in the child's community? (4) How do State responsibilities mesh with local services in a complete program for the individual child? (5) What does it take to get social services to children?

Who are the children that need social services?

We are inclined to think of children in twos or threes, as members of family groups. We often know little of the number and significance of children's problems in relation to the total picture of the life of the Nation. But nearly one-third of our population are children under 18 years of age.

Many children are homeless because their parents have died, or have deserted them, or are separated. Many more are in homes that fail to meet their needs because their fathers and mothers are unable to fulfill the normal responsibilities of parenthood because



they are mentally limited, emotionally immature, or mentally ill.

Some of these children don't wait for social agencies to recognize their needs and help them. They run away, hoping to escape from their unhappiness.

The more fortunate of these children of broken or breaking homes are the ones that parents or others bring to a social agency for care and placement in a substitute home. For some other children the State takes over their care to protect them from moral or physical harm. But many children do not have this help and protection. They are in jails, or in overcrowded institutions, or in unsupervised, unlicensed foster homes. Or they are stranded, without any form of shelter, and are subject to every kind of exploitation.

And more and more children have difficulties that require special attention in their own homes.

These mentally or physically handicapped children are among those greatly in need of care. The child and his parents too will need special help if he is to remain at home, make normal adjustments within his limitations, and get satisfactions from his successes.

Then there are other children, who are under pressure of economic want or of social or racial discrimination. These include the children of minority

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groups. They also include children of unmarried mothers, and many of these mothers are hardly more than children themselves. Less dramatic and less clearly recognized are the needs of children with regard to legal guardianship.

Many sources tell us of the needs of children. Yet their needs are not yet being fulfilled, in spite of the fact that we know these needs and how urgent they are. Our job is to meet these children's needs, which brings us to the second question:

Whose responsibility is it to meet these needs?

There was a time when we could not have answered that question—when children had no rights; and when adult responsibility for children was at best inconsistent. That day is past. Today we have firmly established the responsibility of the whole group—the public—for everyone when individual responsibility fails.

A major part of the State's responsibility to safeguard the welfare of its citizens is to assure necessary care and protection to all children. And counties, townships, and municipalities share in this responsibility through power delegated by the State.

It is a public responsibility to be certain that necessary social services are available for all children who need them, regardless of residence, economic status, race, religion, or any condition other than need for services. We must face the full meaning of "Our concern every child."

"Every child" means more than "children of selected races and communities," and more than "children whose needs can be fulfilled by existing facilities." It means *every* child, regardless of the nature of his problems or of individual or social prejudices.

If the services are to be available to every child, they must be available in the locality where he lives. They must be known throughout the community and must be accessible to all families.

If the public welfare program is State-administered, there must be sufficient units to provide State-wide coverage. When programs are locally administered, the State must assure the operation of the basic child-welfare program in every locality. There are more

rural children in proportion to adults. But the average family income and the per capita income are lower in rural than in urban areas. And a majority of our children have the benefit of only a minority of the resources of our country, including resources for health, education, recreation, and social service.

However, acceptance of public responsibility in either urban or rural areas does not mean that all services must be public. The private agency has the right to define the scope of its service in accordance with community needs. We must never impose limitations upon the experimental creative genius of private effort. Volunteer agencies can push the goals beyond present hopes.

Regardless, however, of the accident of strong or of ineffective leadership in the community where a child lives, he must be assured minimum standards of service. We agree that the State is not obligated to provide all services, nor to duplicate those now meeting the needs of children. But it is a public responsibility to see that social services reach all children needing them.

What kind of services must be provided in the child's community?

Services can be classified into two broad groups: (1) The personal services directed toward helping to meet a child's need; (2) the broad services that reach behind existing problems to find causes, prevent the same problem from occurring for other children, and build strong communities.

The most effective service is one that relieves a difficulty before it becomes a serious problem. The case worker is apt to see only children whose needs have become acute enough to demand urgent action. If the children are to be reached in time to receive the most effective service, the available services must be known and understood by those who are in a position to recognize incipient problems. For the most part symptoms of difficulties appear in group relationships; so parents, teachers, group leaders, and others who see children in action usually see problems first. We must help them understand child-welfare programs so they will ask for service readily. People may know the service is there; we must help them use it.

Child-welfare programs include services to children in their own homes: (1) When the parents see the need for help as the child's problem, not theirs; (2) when the agency goes into a family to protect the child. The focus is the child—the total child as an individual in a family setting. The agency does not enter the family primarily because of the parents' behavior or needs, even though its service may help to meet those needs and to bring about changed behavior.

Comprehensive social services for all people are not available. Therefore the public child-welfare agency is giving service in some cases that may be appropriate to family service. As services for all people are provided, agency responsibility for these situations will be redefined. However, many of them will remain in the children's field because the recognized problems are approached through the child.

What then are some of the situations in which children need social service?

Many children suffer from defective vision, deafness, speech difficulties, crippling conditions, mental retardation, or illness. The child and his parents need help in understanding his

limitation and obtaining treatment and training. Behavior problems that result from emotional factors, less apparent but equally handicapping, also need special attention that social services make possible. Often these conditions pose problems beyond the normal range of parental understanding and experience. They are baffling to families at all economic levels, in all races, in all locations. But skilled social services often make it possible to help the child in his family setting and prevent the added problems arising from placement away from his own home.

Health services, education, recreation—all resources that can help diagnose and meet the child's needs—must be brought to bear upon his problem. Case-work service is the thread that weaves through the complicated strands of these programs and ties them into a pattern of unified service for the child and his family.

If the child's problems arise not from his individual handicaps, but from pressures of family and community disorganization, his need may be met by strengthening the family or supplementing its efforts. For example, when a mother is ill, or both parents are ab-

Social services should be available to any child that needs them, regardless of residence, economic status, race, or religion.



sent, homemaker service may keep children from being neglected or placed away from their homes. Counseling service may help a mother who is seeking employment, because exploration of ways of meeting the family needs may make it unnecessary for her to go out to work. Or information about facilities for day care, and guidance in using them, may help relieve the unfavorable effect of the mother's absence upon the children.

When children are abused, exploited, or neglected to the extent that their welfare is jeopardized, protective service is required. The child-welfare worker must know how far the rights of parents to care for their children in their own way will be endorsed by the community. If social service is not already being provided, it must be initiated by the agency. And it must be sustained until the condition improves or the case is brought to court for adjudication.

Placement of children also makes up a large part of these direct personal services to meet identified needs. Children are placed in foster care for numerous reasons and in countless ways—some based on skill, some on chance. But all children in foster care need the help of skilled social services. The type

of placement should be determined by competent diagnosis of the child's needs. Social services must meet the needs of children in all kinds of foster settings. For a child not known to a children's agency at the time he is placed emergency shelter care may be needed. Need for such care may result from sudden illness of the mother, extreme neglect, or lack of social services to help the child in his own home.

Social services for children in foster care cannot be given if appropriate facilities for that care are not provided. The same facility cannot combine long-time and temporary care, or detention and temporary care. Each facility must be geared to meet specific purposes. Otherwise plans for treatment are confused, and adjustments of children disrupted.

Even though children in detention care are under the jurisdiction of the court, social service should be available as for any child in foster care. Casework service is helpful, not only to the child but to the court and need not be confused with judicial authority and action.

The facilities should include a variety of foster homes and group-care agen-

cies so as to individualize the adjustment of each child.

We cannot think the saturation point of foster homes has been reached when we have not put our best skills into home finding, allowed time for it, or explored fully the possibilities of paying for service of foster parents.

To establish and maintain group-care facilities, we must encourage careful selection of personnel, adequate pay, and good working conditions. But every kind of group-care facility need not be set up in every locality. Some, like institutions for physically or mentally handicapped children, can be provided better on a State-wide or district basis. Others may be seldom needed so that out-of-State facilities will be acceptable.

Foster-care programs must be financed adequately to assure the children security. The time and effort child-welfare workers have put into soliciting funds to support children even inadequately in foster care are evidence of the serious gaps that exist.

This brings us to the broad planning and preventive services that make up the second part of the services we must provide. Interest in community resources extends beyond the identified needs of children in their own homes or in foster care. The services that are specific in relation to individual children become broad and inclusive in relation to community planning.

Community patterns differ in organization of services and facilities, in agreements between agencies, and in practices. Into that framework the social services for children must fit. Their content cannot be detached from community developments. They must not, however, be merely part of the community stream. Persons carrying responsibility for social services for children must help to direct the course of the stream and to harness its power in behalf of children.

The child-welfare worker sees the bad spots of social disorganization and knows the problems of children whose needs are not being met. In addition to her first-hand knowledge of problem areas, the child-welfare worker brings to community planning her understanding of facilities and services needed. She must establish effective relationships with a wide variety of agencies

Symptoms of difficulties often appear in group relationships; parents, teachers, group leaders usually see children's problems first.



and individuals. She must be active in fostering leadership in group programs for children. She must help strengthen whatever meets the needs of children.

But before it appears that the child-welfare worker has the entire job to do, let us remind ourselves of some of the things she does not do. She does not take on the job of recreational leader, public-health nurse, or judge. She does not undertake group work or psychiatric techniques or psychological services. She does not run the community fund-raising campaign. She does not operate the group-care facility nor act as foster mother, regardless of the need. The core of the child-welfare worker's job is individual service to children, but she participates actively in community planning through her knowledge of children's needs and of appropriate ways to meet them. She makes certain that children are not forgotten.

Interpreting children's needs and social services for them is a constant part of the child-welfare worker's life. Every contact she makes, even the simplest, is a kind of interpretation.

Coordination of social services for children with programs of other agencies is basic to serving the child. The child-welfare worker has a primary responsibility in this, for it is her job to keep children's rights in view.

As we look at the variety and complexity of the services that must be provided in the child's community, we cannot but feel a keen sense of obligation to the child-welfare worker who takes on this job. Aware of that obligation, let us look at the fourth question:

How do State responsibilities mesh with local services in a complete program for the individual child?

If the program is State-administered, the State will provide all the services already discussed, in addition to those peculiar to its position. In a locally administered program the State may provide facilities or services that cannot be carried by local units, such as specialized institutional programs for physically or mentally handicapped children, psychiatric and psychological services, and special group-work consultation.

In the role of leader and protector the State has responsibility for the licensing and supervision of children's agencies, institutions, and foster homes.



There are about 43 million children under 18 years of age in the United States—nearly one-third of our population.

Both minimum standards and desirable goals should be established. State service should extend beyond routine inspection to supervision as an educational process. State services should help improve standards and foster dynamic relations between agencies and with communities.

For agencies that do not meet minimum standards courage is required in helping the agency achieve that minimum or discontinue its program. Perpetual provisional licenses for substandard agencies do not fulfill the responsibility to protect children.

In establishing new agencies, State responsibility ideally includes (1) determining the need for the facility; (2) passing upon the application for incorporation; (3) help in coordinating the new program with the existing one.

The State may delegate responsibility to local child-placing agencies for studying and recommending foster homes for licenses, but it keeps the ultimate responsibility.

Interstate placements are a concern of the State department that licenses the child-placing agency and of the similar department in the State where the child is placed. The interest of both States should be in the protection

of the child and not in security bonds or legal penalties that may be imposed for nonconformity with laws and regulations. Unplanned, unsupervised long-distance placements too often have resulted in need for emergency care.

State review is also helpful in adoptions, even when the placement has been made by a licensed children's agency. As a party to all adoptions, the State welfare department assures representation of the child's interest.

Another responsibility of the State is setting and maintaining standards of social services to children. This requires providing specialized consultant service or supervision for all local public agencies on a regular, continuous basis. The general child-welfare consultants help improve the quality of case-work services, stimulate effective community planning, and make available State and other facilities. Consultant service from other specialists on the State staff should also be available to local agencies. These experts will include child-welfare consultants working in such fields as adoptions or institutional programs, and also specialists such as the group-work consultant, the psychologist, the legal adviser, the nutritionist, and the research expert.

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YOUNGER WORKERS MOST LIABLE TO INJURY

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CHILD WORKERS are more likely to be injured on the job than adult workers; and they are far more likely to suffer injuries that result in a lifelong handicap. That is what the Department of Labor found recently in a Nation-wide sample survey of selected manufacturing industries.

According to preliminary data compiled from this survey, the frequency rate of disabling injuries (that is, the number of disabling injuries per million man-hours of employment) was 22.9 for minors under 18 years of age; this was 46 percent higher than the corresponding frequency rate for workers 18 and over—15.7.

Permanent impairments, and all temporary disabilities that resulted in an inability to work that extends beyond that day—or shift—on which the injury occurred. "Permanent impairments" include only those nonfatal injuries that permanently disabled the worker either totally or partially.

The special survey of industrial injuries in manufacturing industries from which these rates were computed was a joint project of the Child Labor and Youth Employment Branch of the Division of Labor Standards and the Bureau of Labor Statistics. It covered one quarter of the year 1945 for each industry. The information was collected in connection with the Bureau's regular quarterly collection of monthly data on injuries from selected establishments in a wide variety of manufacturing indus-

tries, including iron and steel products, textiles, paper and allied products, food products, leather goods, chemical products, and others.

termines, under the child-labor provisions of the Fair Labor Standards Act, the occupations particularly hazardous to minors.

The survey included all types of workers in the reporting establishments, regardless of occupation. Office, clerical, and sales workers were covered, as well as those employed on production, in maintenance, and in transportation.

The high frequency rate of industrial injuries found among minors under 18 emphasizes the need for State and community action to safeguard young people from industrial hazards.

Legislative protection can be given to young workers in three ways:

(1) Through extension of the 16-year minimum-age standard to all manufacturing industries in States where lower standards prevail.

(2) Through setting an 18-year minimum-age standard for employment in industries and occupations known to be especially hazardous for minors, with employment certificates required for minors up to 18 years of age and limitations on night work and on maximum working hours for minors under 18.

(3) Through payment of additional compensation under State workmen's compensation laws in the case of minors injured while illegally employed. This method, although only indirectly preventive, makes possible a relatively generous restitution to children injured through society's failure to protect them.

But putting laws on the statute books is not enough by itself. The development and carrying out of desirable standards for youth employment calls for interest on the part of the entire community, and for active cooperation by parents, schools, counseling and placement services, employers, labor unions, and youth-serving agencies.

Many industrial injuries to youth could be prevented not only by better laws and by better law enforcement, but by better placement of young workers, by better training in safe practices, and by better supervision on the job, especially of the immature and less experienced worker.



Work on bakery machinery is extremely dangerous for a 17-year-old boy like Charles, who is likely to put safety last.

For permanent impairments, the frequency rate was nearly twice as high for minors under 18 years as for those 18 and over—1.1 for the younger workers and 0.6 for the older ones.

"Disabling injuries," as defined in this survey, include all fatalities, all perma-

nent impairments, and all temporary disabilities that resulted in an inability to work that extends beyond that day—or shift—on which the injury occurred.

The Child Labor and Youth Employment Branch is studying the data on individual industry classifications to de-



Joe has been living with his adopted parents for some time. But the final adoption decree cannot be issued in his State until a year has passed and the child-welfare division of the public welfare department is satisfied that the adoption is suitable.

STATES TIGHTEN ADOPTION LAWS

AT LEAST 20 State legislatures in session during the 1947 legislative year have been considering extensive changes in their adoption laws and related procedures. This estimate of the number of States considering such legislation is based upon requests received in the Children's Bureau for its advice on bills being drafted in line with the Bureau's recommendations on adoption laws.

Changes are contemplated not only in such laws, but also in laws affecting relinquishment of parental rights, licensing of child-placing services, and determination of guardianship.

A number of States have also been considering changes in birth-registration procedures in order to protect the child born out of wedlock. More and more States are adopting a simple "birth card," which has on it only the name of the person, the place and date of birth, and sex. The complete record, on which the illegitimacy item appears, is safeguarded and is accessible only to those who have a direct interest in the matter.

Only about a fourth of the States now have the kind of adoption legislation that the Children's Bureau considers necessary for adequate protection of the child and the rights of the natural parents and the adoptive parents.

The Bureau's main recommendations have been embodied in the legislation suggested by the Council of State Governments for 1947. These recommendations are:

1. Adoption proceedings should be held before a court accustomed or qualified [otherwise] to handle children's cases, in the locality or State where the petitioners for adoption reside.

2. Consent to adoption should be obtained from the natural parents, or, if their parental rights have been legally relinquished or terminated, or if there is no parent, from the person or agency legally authorized to consent to the adoption.

3. The court in every proposed child adoption should have the benefit of study and recommendations by the State welfare department, or an agency designated by it. The department or

the agency should have the right to appear at the hearings.

4. Court hearings should be closed to the public and the confidential nature of the records should be assured.

5. A period of residence in the adoption home, preferably one year, should be required prior to issuance of the final adoption decree, so that the suitability of the adoption may be determined.

Through these and other safeguards in adoption and related matters babies would be taken out of the "black market." Their chances of getting a good home would be greatly increased, and, as a corollary, good foster parents would have a better chance than they now have to get a baby to adopt. Those who are willing to go through authorized channels are today losing out, in all too many instances, to those who bypass the procedure set up for the protection of all three parties concerned in the transfer of custody.

Along with a tightening of the laws must come an improvement and expansion of those social services that are involved in the matter. These include, first of all, services for the unmarried mother and her child, for unless the social agency is able to offer such a mother help of the kind she needs she will seek another way out of her difficulty. Her baby will be "given away" as thousands of babies are now being "given away" without anyone's taking official responsibility for the kind of home he is getting. Many of these children are not adopted by those taking them, but "given away" again with little regard for the fitness of those taking them.

In addition to getting more services and better services for the unmarried mother and her baby child-placing agencies must be adequately staffed so that they can give adoptive parents and the courts the kind of help they want and are willing to accept.

Adoption proceedings are initiated for some 50,000 children each year, according to estimates. Recent statistics for 15 States show that approximately three-fifths of the children being adopted were born out of wedlock. Most of those born in wedlock were children whose homes had been broken by the death of one parent, or both, or by divorce, desertion, or separation.

R.E.C.

Stop Sniping at Parents

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THE LAST 20 YEARS have witnessed a thoughtless, unwarranted, and destructive wave of criticism against parents. In the beginning such criticism served the useful purpose of demonstrating that the source of a child's misbehavior does not always lie within the child. Unfortunately it has led to a fault-finding campaign that is as futile as the previous campaign against "little sinners." It seems that every amateur mental hygienist has come to the same profound conclusion, that parents have an effect upon their children.

How some people reason

The hasty thinking of some continues—

"If children are delinquent it follows that their parents have been a poor influence. So, really, after all, it is the *parents* who are delinquent. So, if the parents are to blame, let's punish the parents. It might even be an idea to make them attend classes for delinquent parents for all the community to behold their shame. Who will teach these classes? Oh, really we can't afford to hire professionally trained personnel. Of course, we can get loads of volunteers who would be willing to tell parents how to be *good* parents."

This writer, for one, refuses to believe that the intelligent people of our country can fall for this utter nonsense. This writer refuses to believe that the people who really care about building a decent community and decent citizens can be content merely to fix the blame and go back to a state of blissful serenity, under the illusion that the job is done.

The most serious fallacy found in the thinking of these zealous critics lies in the assumption that parents are aware of their own shortcomings and deliberately plan to misguide and mistreat children. Common sense tells us that this is a false assumption. From

the cases seen in child-guidance clinics, it has been observed that the type of parental guidance contributing to a child's poor adjustment is largely unintentional and unwitting.

Everybody is familiar with the parent who is overly ambitious to have his child succeed in art, music, or some other endeavor. Many a child has become sullen and destructive because his parents have quietly but firmly led him into such "wholesome" pursuits, in spite of his lack of interest and of ability. Many parents who come to guidance agencies regarding their child's difficult behavior begin to realize after a while that they have contributed to the development of the problem through certain personality trends of which they were totally unaware.

But hasn't every such parent been told by friends and relatives about these tendencies to control and to dominate? To be sure, many have been told, and some have been able to change their

attitudes. But many do not change because the change is more painful than the problem.

For example, take Mrs. L., the mother of 9-year-old Tommy, who dawdled over his food. This mother was advised by a friend to "place the food on the table. If Tommy is hungry, he will eat. If he does not eat, take the food away."

Mrs. L. was accustomed to hovering over Tommy, engineering each mouthful. As far as the child was concerned, the advice given might have been beneficial. But did the well-intentioned friend realize that the mother had an unconscious fear of the child's growing up? In the mother's own life history, there had been a pattern of people's leaving her. Both her parents had died by the time she was 8, and she was left in the care of older sisters until she married.

Mrs. L. was fairly happy with her husband, but she tended to thwart the child's thrusts towards independence because of the unconscious fear that his growing up would eventually lead to her "being deserted"—an old, painful experience.

A person who casually advises Mrs. L. to allow her child to develop habits leading towards independence fails

We should try to see fathers and mothers not only as parents, but also as men and women with problems of their own.



completely to take into consideration why and how the mother's attitudes developed. What is more, such advice, if taken, may make matters worse, for the mother may begin to substitute secret devices for infantilizing the child so as to avoid criticism. Obviously, parents like Mrs. L. need professional help—not criticism, nor blame.

Parents were once children

Those who still insist on fixing blame for juvenile delinquency should make doubly sure that the blame is falling upon the persons who are truly responsible.

Let us take the case of Johnny D., 10 years of age, who has been picked up by the police 12 times for petty thievery and destruction of public property. His father has always been extremely severe in his punishment of the boy. He openly dislikes the boy and tolerates his presence only when Johnny either is quiet or is doing something useful at home. He is quick to criticize, and never praises the boy. The mother is weak, self-effacing, and fears disagreement with the father, who has a violent temper. She does not display any affection toward John because her parents taught her that too much demonstration of love spoils children.

Thus far, the picture is clear. These parents by any standards are inadequate

parents. But they were once children too! Mrs. D. was unwanted and unloved. Mr. D. was raised by parents who had to struggle so hard to eke out a mere subsistence that all he ever knew all through childhood was hard work and thankless tasks. He had never seen a toy and never received approval from his parents. He heard from his father, though, when the corn was not planted in a perfectly straight row! What was there in this man's heritage which would enable him to enjoy the company of children? Yet the community is perfectly willing to render its diagnosis, "abusive father."

Do we mean, then, that the true blame for Johnny's delinquency goes back to the father's father? And to the mother's mother? Why not to Adam and Eve?

That is precisely the point; it is fruitless to spend our time fixing blame. Let us rather see Johnny's parents as individuals who are in need of sympathetic guidance given by those who are competent through professional training and experience to offer such guidance. The problem of helping Johnny's mother and father to become more adequate parents can never be accomplished by the "holier than thou" lecture. Well-intentioned amateur advisers merely cause resentment and may fix harmful attitudes permanently. A

father such as Johnny's, who had to struggle against overwhelming odds, feels that he is doing the best he can to maintain his family. He is already embittered about life and is sensitive to his failures; this makes it all the more necessary for him to bluster and act tough.

It is essential, therefore, to see and understand the parent as a person who is in need of help with his own problems. It is vitally important that we understand the parent of a poorly adjusted child as a person who has had more than his share of difficulties and frustrations. He doesn't desire words of advice, since he probably has tried and discarded many conflicting and confusing remedies. Too often the neighbor who has unlimited advice to offer closes the door of her home to Johnny lest he contaminate her Henry. Yet Henry's friendship could be of more help to John than her words of advice.

Not wanted in neighborhood

The writer, and undoubtedly the reader also, has witnessed the pathetic spectacle of the "undesirable" youngster who goes from house to house in quest of human companionship and learns that there is a neighborhood boycott against him. What choice is there but to seek the company of other outcasts, who invariably take a keen delight in getting back at "acceptable" society?

The task of parenthood has never been easy. It is even more difficult during a period of industrial unrest, acute housing shortage and complex postwar readjustments, because parents reflect such strains in family life. And since children invariably reflect parental strains, it is logical to expect an increase in juvenile behavior and personality disorders.

Thus, no matter how we twist or turn, the inevitable conclusion is that maladjustment and delinquency are responsibilities of the entire community. Our goal must be wholesome physical and social development for *all* children and a sound program of professional help for those children who are in conflict with the standards set by society.

One of the primary obligations of the community is to set up adequate social agencies which are so well equipped with professionally trained social case workers, psychologists, and psychia-

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Children reflect parental strains, and Rosamond is affected by her mother's feelings, even though she doesn't understand them.



FOR THE BLIND CHILD'S FUTURE

BLINDNESS of itself does not necessarily retard a child seriously, but lack of affection and of security in his early life may result in personality defects that are far more injurious to the blind child than his lack of sight.

This idea was emphasized at the National Conference on the Blind Preschool Child, which met at New York March 13-15 under the sponsorship of the American Foundation for the Blind.

About 200 workers in various fields—education, nursing, child development, social work, psychology, and ophthalmology—came to this conference to exchange experiences in fulfilling the needs of babies and little children who are blind or nearly blind. Workers came from a number of States, and from Brazil, Canada, China, Panama, Paraguay, and South Africa.

The conference was the first of its kind, for it is only within the past few years that the majority of persons working with blind children have begun to realize that the earliest years of life—long before the child is old enough to go to school—are the critical ones in determining his future.

The first day of the conference was devoted to social-work aspects of the problem of the preschool blind child. Dr. Elise Martens, chief, exceptional children and youth, U. S. Office of Education, was chairman at the morning session, and George F. Meyer, executive director, New Jersey State Commission for the Blind, in the afternoon.

On the second day, educational aspects were taken up. The morning chairman was Dr. Kathryn E. Maxfield, director, Lighthouse Guidance Service; the afternoon chairman, Dr. Gabriel Farrell, director, Massachusetts School for the Blind.

Medical aspects were reported on in a single session on the third day; Conrad Berens, M. D., executive surgeon in ophthalmology, New York Eye and Ear Infirmary, was chairman; and Willis S. Knighton, M. D., surgeon at the same institution, cochairman.

Child needs to feel secure

A child who lacks motherly care and affection during the early years of his

life will have personality defects that later educational efforts can hardly banish, Lauretta Bender, M. D., associate professor of psychiatry, New York University, told the conference. If he is placed in an institution or is changed around from foster home to foster home, or if his mother is not affectionate and understanding in her attitude toward him, continued Dr. Bender, the child will be deprived of the secure feeling that he needs in this critical period of his development. A child with a physical disability such as blindness, she said, needs such care and affection even more than do other children. And the personality difficulties caused by lack of affection in his early years may cause him more unhappiness than his blindness.

Parents respond in various ways to the shock of learning that their baby is blind, said Eunice W. Wilson, director of social service, Massachusetts Eye and Ear Infirmary. Their reactions range from hysterical outbursts to emotional paralysis. Some refuse to believe the child is blind, and seek the opinion of one specialist after another.

The medical-social worker tries to help the mother to keep from developing an attitude toward the child that may become harmful to their relations, for she knows that the blind child, like the seeing child, reacts to the mother's feelings. It is possible, when the child is still very young, to help the mother to modify her tendency to reject him or overprotect him or both.

If the case worker can do this, giving the mother specific suggestions on training the child and relieving her from family strains that arise in connection with him, the mother may gradually come to accept the child as a personality from whom she receives—and to whom she gives—affection. And the child will benefit accordingly.

Some parents cannot face reality

Some mothers—and occasionally fathers—seem unable to deal with the fact that their child is blind, and these need help from a psychiatrist, Mrs. Wilson said.

All community services that are useful to the seeing child should also be available to the blind child, said Ruth

Butler, medical-social worker, Massachusetts Eye and Ear Infirmary. The blind child should have access to convalescent care, foster-home care, child-guidance clinics, and nursery-school programs. Also, she said, the blind child finds his greatest sense of security in his own home, in his place in the family group, rather than in an institution.

Frances E. Marshall, social worker, Perkins Institution and Massachusetts School for the Blind, told of a summer nursery-school project for helping a group of mothers of blind babies with their problems. About a dozen mothers, all of whom had babies with visual handicaps were brought together for about 2 weeks. The project was carried out cooperatively by Perkins Institution, where the summer nursery school was held, and the social-service department of the Massachusetts Eye and Ear Infirmary, with financial help from a foundation. The nursery school also was part of a research program for study of the cause of these children's blindness.

Group experience valuable

The mothers had many things in common, said Miss Marshall. For example, each of the babies was prematurely born, and had been separated from his mother for a considerable time while he was cared for in an incubator. Some mothers had feelings of guilt or inferiority about having a blind child, and some worried over the baby's mental development. Others disliked being conspicuous when taking the baby out in public. Some had well-meaning in-laws who pampered the child.

The mothers liked belonging to a group, with common experiences, and they helped each other in working out their difficulties.

Although the project was successful in showing that group work, in support of individual work, was effective in dealing with the problems of mothers of blind children, Miss Marshall said that this type of therapy had drawbacks. Many mothers who most needed this help could not leave their families for any length of time. Some made comparisons between themselves and other mothers, which left them overoptimistic; others found themselves more anxious than before. And some felt a

let-down when they returned home. Also it was impossible to give adequate follow-up on account of distance. Besides, Miss Marshall said, a school for the blind may not be as acceptable a place for a nursery school of this type as an ordinary school.

In 1947, instead of the summer-school project, Perkins Institution expects to offer 2-day institutes in various localities, Miss Marshall announced. In each area a local advisory committee will be formed, composed of a worker from the division of the blind, an ophthalmologist, a pediatrician, and social workers. The program is planned primarily for the mothers of blind preschool children, continued Miss Marshall, but it is hoped that social workers from State and local agencies for the blind and other workers will take part.

Frieda M. Kuhlmann, case supervisor, Children's Aid Society, Newark, N. J., showed how case-work techniques, although not specifically gained from experience with blind children, are nevertheless effective because they are based on sound principles of general welfare and child psychology.

Legislative provisions for the blind preschool child were discussed by Dr. Robert B. Irwin, executive director of the American Foundation for the Blind.

Anna W. M. Wolf, senior staff member, Child Study Association of America, described the social and emotional development of the young child in relation to his need for his mother and his later separation from her.

From 20 years of experience in visiting the homes of preschool blind children, Harriet E. Totman, visiting teacher in charge of Braille classes and preschool children with visual defects, Cleveland Public Schools, said that through concern for the blind baby's safety his parents may keep him in his crib months longer than they would keep a seeing child. When he is at last placed on the floor he is seldom permitted more territory than a play pen. After he creeps and even after he walks the cautious mother may keep him long hours in his chair or stroller. This overprotection often makes the child fearful. Miss Totman mentioned also that some parents do not give the little child the opportunity to do things for himself at the time his physical development permits it.

A discussion of tests for blind preschool children, by Samuel P. Hayes, M. D., Perkins Institution and Massachusetts School for the Blind, and Anna S. Elonen, assistant professor of psychology, division of psychiatry, University of Chicago Clinics, brought out that there are as yet no definite and reliable scales, although beginnings have been made. It was agreed that tests must be considered only in relation to the child's behavior as a whole.

Miss Elonen urged that in attacking this problem not only should ophthalmologists, social workers, and psychologists be consulted, but also neurologists, psychiatrists, pediatricians, and obstetricians.

A panel on facilities for the education of blind preschool children presented various provisions for these children, such as the residential nursery and the day nursery especially for the blind; placement in a regular nursery, kindergarten, or foster home; and training courses to help the mother teach the child in the home. It was pointed out that each of these facilities is useful for some children, but that none of them can solve the problem for all.

The guidance and education of the child must be based on his inborn growth potentialities, said Arnold Gesell, M. D., director of the Clinic of Child Development, School of Medicine, Yale University. Dr. Gesell made it clear that the fundamental factor in the child's mental growth is his maturation. Conditioning and learning play a secondary role, he added.

If the blind child is given ample opportunity to assert his natural capacities, said Dr. Gesell, he will tend to traverse stages of maturity that are not unlike those of the seeing child. Dr. Gesell urged that the blind child be encouraged to grope, to reach, to grasp, to manipulate, to stand, to walk, to run, and to play games insofar as his development permits.

Merrill J. King, M. D., Massachusetts Eye and Ear Infirmary and Harvard University School of Medicine, described the status of research on retrolental fibroplasia, a fibrous growth of tissue behind the crystalline lens, occurring most frequently in prematurely born babies. Cases of blindness from this cause have increased, and accord-

ing to Dr. King this can be explained in part by the increased survival rate of premature babies. It is hoped, said Dr. King, that research being conducted at various universities and hospitals will be successful in combating this disease, for which no treatment has yet been found.

A summary of the conference was given by Dr. Berthold Lowenfeld, director of educational research, American Foundation for the Blind. In connection with provision for teaching the blind preschool child, Dr. Lowenfeld said that the accent should be on leaving the child in his home, rather than placing him in a residential school, and providing the family, particularly the mother, with guidance and if necessary with case-work help. Dr. Lowenfeld spoke of the inadequate staffing of State services for parents and blind children in their homes. To meet such a situation he suggested mobilizing community resources, but expressed the hope that State staffs would be provided in increasing numbers.

Helen Keller, the famous blind author, was a guest at the conference. She said:

"It is encouraging to see how parents everywhere are waking up to the importance of preparing their blind children for school as soon as possible after the loss of sight. Truly a child's first years of learning the way he should go are decisive, and anyone who fights the benumbing effects of early blindness that arrests the stricken child's naturalness is his guardian angel.

"'Let there be light' remains an inviolable decree, and unless the blind child has inward eyes planted in his mind, he is denied that very beauty of childhood. As we all know, left to himself, he is apt to become abnormal and have little or no experience."

Miss Keller said that if when a blind child enters school he is unhampered by the feeling of being different from others, he will not suffer from the obstacles he encounters. After all, she added, it is not a specialty of blindness to conquer obstacles.

"The united influences of parents, teachers, doctors, and the community are necessary," said Miss Keller, "to protect the young blind child against the mildew of broken sense."

CHILD-WELFARE SERVICES

(Continued from page 181)

The State also must keep up with the growing content of social services to children and help practitioners achieve and maintain competence. All staff members, and especially isolated rural workers, need professional stimulation and the opportunity to refresh themselves if they are to grow and give their best service. Professional development does not come by chance, but from a planned, continuous program. This must apply to all staff members, and for professional staff it must include the full sequence of on-the-job training, graduate training, and continued training within the agency upon return from school.

The State has a role in recruitment of staff. We need to dip deep into colleges and high schools to tell about careers in child welfare. Young child-welfare workers with some glamour are probably the best recruiters, just as foster parents are the best finders of new foster homes.

Adequate salaries are needed, but money is not enough. Professional persons want to work in agencies that offer adequate supervision, reasonably secure tenure, and a chance to make a contribution. Many agencies don't pass the test. The candidates for positions select the ones that do.

The State must also lead in making effective use of available personnel. We cannot afford to let talents lie idle. But we are doing just that, even as we cry for personnel. What about the well-trained and experienced social workers of minority groups? With courage, imagination, and conviction, we must employ them and prove our concern for children. Areas cannot be left uncovered or workers stranded without supervision or consultant services. All the genius of administration must be directed to preventing that collapse.

The State welfare department has responsibility for promoting appropriate legislation and defining basic requirements for the care and protection of children. The State department must speak out for laws related to licensing, adoptions, guardianship, interstate placements, juvenile courts, and all areas of child life. This responsi-

bility extends to securing adequate financial support and clarifying administrative difficulties that require legislative action.

Interpretation of the place of social services and of children's needs is a perpetual responsibility of the State, as it is of each local agency. We cannot tell the story too often.

Research and reporting are also basic to the State's function of planning and interpreting its program.

The State department must promote effective relationships within the total public-welfare program. Integration of related programs within one agency can be achieved without loss to any program if the differentiating elements of each are clearly defined and protected. However, we cannot give good service to children unless the special functions, knowledge, understanding, and skills of the child-welfare field are sustained in practice. Nor can we separate child welfare from the total welfare program of which it is a part.

Setting standards and developing comprehensive social services for children also require close cooperation with related organizations. Education, health, recreation, and mental health have expanding programs with which child welfare must be closely and continuously related.

What does it take to get social services to children?

This fifth and last point reminds me of the grasshopper, who, come winter, turned to his friend the ant for a loan of food. The ant suggested he turn himself into a cockroach and live in a rich man's kitchen for the winter. The grasshopper started off with delight, then paused, and called back to the ant, "That's a good idea, but how do I do it?" The ant replied, "I've given you the broad outline. It's up to you to fill in the details."

How do we fill in the details? As case workers, supervisors, consultants, directors, board members, we must reach out to children. Often when a child needs help, the first reaction is to doubt whether the service comes within our responsibility or function. Let us stop holding back and reach out to serve.

What does it take to serve children in this way? We know it takes special skill and understanding. There are different ways of communicating with children and of understanding their feelings, which they rarely express verbally. There are special skills in helping without being asked to do so and in carrying the responsibility for what happens to children. The complications of the three-way relationship of child, parents, and foster parents cannot be directed without skill; and also the ramifications of supporting resources and community experiences.

To understand the child who has a problem the worker must know what is normal development for children of different ages and experiences. Why do adolescents run away to seek recreation in another town or neighborhood when they have a teen-age center close at hand? Why does an infant suddenly seem afraid of the same persons to whom he responded happily a short time ago? Why does Jack know everyone at school and his brother practically no one?

Then there is that scientific body of knowledge about children who have special problems. What are the pressures of group living for the child in an institution? Can Alfred take on a new mother? Why does Mary dislike the foster home that has all the things she wanted? The child-welfare worker must know about communities, which are as individual and complicated as children; about government with its realities; about all kinds of agencies and their programs. What can an advisory committee do that is genuine and sound? How can latent community interest be made to work for children? We know about the knowledge and skill this job takes, and the urgency of getting trained staff. And we know the need for appropriate legislation, adequate financing, and sound administrative practices and relationships. Those are the things it takes to raise services for all children to the standard that has been achieved for some.

What are we waiting for? We know what should be done. We know who must do it! We have the know-how. Let us move forward until social services for all our children become a reality.

FOR YOUR BOOKSHELF

UNMARRIED PARENTHOOD; a study of 1,839 unmarried parenthood cases, prepared by Helen C. Dean. Welfare Council of Metropolitan Los Angeles, 1946. 133 pp. \$2.50.

Twenty-six agencies, public and private, participated in this study of unmarried parents, which focuses attention on the nature and extent of services in Los Angeles for unmarried mothers and fathers.

The agencies included 10 family-welfare agencies; 4 child-welfare agencies; 6 health agencies; 3 maternity homes; 2 authoritarian agencies, which offer protective services in addition to their basic purpose of juvenile-delinquency prevention and control; and the State department of welfare.

The report presents statistics on the age, race, religion, residence, occupation, and marital status of the mothers; the occupation and marital status of the fathers; the sources of referral; and the nature of the requests for help. These figures are given for all the agencies combined and for the agencies grouped according to function.

A copy of the schedule used and a selected, comprehensive bibliography are given.

Although the findings of the study apply specifically to Los Angeles, the report is a good example of how research and statistics can be used effectively in evaluating the strengths and weaknesses of a community social-welfare program so as to assist in planning to extend and improve needed services.

I. Richard Perlman

THE CHILD FROM FIVE TO TEN by Arnold Gesell, M. D., and Frances Ilg. M. D. Harper & Bros., New York, 1946. 475 pp.

There is a verisimilitude about many of the descriptive sketches in this book of the behavior, interests, and outlook of children 6 to 10 years old that gives reason enough for the delight with which many parents will hail its appearance. They will recognize the 6-year-old who grabs for food, knocks things over, wriggles in his chair, teeters back, and kicks the table legs. And the 8-year-old who scorns some of the simple earlier games and may make up his own games, with rules. Recognition by fathers and mothers of some or their own child's characteristic behavior is lots of fun and it has reassurance value, too.

But in such an attempt as this to show in great detail what may be looked for at various ages there are bound to be snares to catch the unwary. What pro-

portion of parents using the books will note in the introduction that the findings were based on the study of less than 70 children, all told, and that these children were "representative of a prosperous American community?"

Among these selected children the 9-year-old girls "have usually been told about menstruation." But will some readers get the impression, therefore, that this applies to 9-year-old girls in general?

Will some be puzzled by the idea that a child 5½ years old "holds his pencil more awkwardly" than he did earlier?

And where does environment come in? No mention is made of the kind of home and family setting that has influenced the behavior. When we are told that the 8-year-old "does fairly well with younger siblings" and that the 9-year-old "frequently gets on well with his siblings" are we to assume that this is true regardless of the number of brothers and sisters, their ages, and the way their parents manage them?

Although the authors emphasize over and over again that "the maturity traits are *not* [authors' italics] to be regarded as rigid norms, nor as models," the reader has an almost irresistible tendency, in referring to such an outline of development, to measure the child he has in mind.

The chief aim of the book, says the introduction, is "to impart a sense of growth trends." Perhaps it is not possible, using chronological ages as the frame into which the behavior sequences are fitted, to avoid the illusion of steps in behavior and attitudes, rather than flowing, meandering trends.

The book reflects unmistakably the immense amount of loving, painstaking work that has gone into assembling the observations. The humorous, casual way in which many of the behavior items are phrased gives a much-to-be-desired impression that parents may as well accept a lot of these items lightly, exclaiming "O tempora! O mores!" instead of glooming over them as "problems." And there are innumerable suggestions that will cause parents to think twice about whether they are fair in what they expect of their children—in itself a decidedly worthwhile outcome of any parental attempt at self-education.

Marion L. Faegre.

SOME DYNAMICS OF SOCIAL AGENCY ADMINISTRATION. Family Service Association of America, 122 East Twenty-second Street, New York 10, 1946. 76 pp. 75 cents.

A series of papers, by different authors, focused on the role of the executive, but emphasizing also the interrelation of membership, board, executive, and staff in agency planning.

STOP SNIPING AT PARENTS

(Continued from page 185)

trists that they will have the confidence of all the families in the community. Some people believe that only the children of lower-income families need the services of such workers. But a brief chat with the local chief of police should convince us all that the children of families in higher-income groups *do* break the law, and there is no reason why these families should not have the same privilege as others in seeking advice and guidance from a reputable family-service agency or child-guidance clinic.

There are people who argue that it is a waste of time and money to support such corrective agencies. They say it is wiser and less expensive to concentrate on preventive measures, such as well-supervised recreation and improved education. The reasoning is that delinquency can be prevented by providing the type of education which is suited to the capacities of each child and also by after-school recreational programs which would meet the child's need for adventure and constructive social experiences under skillful and trained leadership. We agree that such measures are necessary to a sound community program, but we disagree that education and recreation can take the place of treatment. Both are essential. In dealing with typhoid, it is indeed wise to think of purifying the source of the city water supply, but who is so rash as to minimize the typhoid victim's need for treatment?

The job ahead is not easy. The solution is not simple. Blaming the parents solves nothing; it merely pours salt on open wounds. In the future, when we see a child with a misguided or warped personality, let us not fall in with the temptation of blaming the parents. Let us, rather, help the parents to understand and make use of the services of the family agency or the guidance clinic. Let us help them to seek out the appropriate recreational agency where a child may find not only satisfying activities but, even more important, human contact with adult leaders. Let us stop criticizing the parent. Let us begin to practice the good-neighbor policy in our own neighborhood!

Reprints available in about 5 weeks

IN THE NEWS

Civic Council Acts as Information Clearinghouse on Children and Youth

In Oshkosh, Wis., the Civic Coordinating Council conducts a continuous program of giving information to the public about the needs and opportunities for children and youth in the city and of receiving information and recommendations from the public.

The council is a planning body, founded on the conviction that "in every community there should be a group of citizens reviewing what children and youth need, exploring the extent to which such needs are met, and stimulating community agencies and planning groups to develop services or policies found to be necessary."

The members are representatives of citizens' organizations serving children and youth; of public health, social-service, and family-welfare agencies; of public and private child-caring and protective agencies; of the juvenile court; of departments of the city government; of educational, church, labor, employer, and farm groups; and of youth organizations. It draws its information from this broad membership, from agency studies and reports, from special research, and from the reports and complaints that come to it because of its announced function as a clearinghouse.

The broad objectives of the council are:

1. To strengthen the resources for fulfilling the needs of all children.
2. To protect groups of children especially vulnerable to delinquency.
3. To control harmful influences in the community.
4. To provide services for the delinquent child and the child with behavior problems.

In the furtherance of these objectives the council is emphasizing this year an eight-point plan: A parent-teacher association in every school, with a central executive council to coordinate the efforts of these groups; a program of family-life education; a laymen's interdenominational group for better understanding of youth groups and their common problems; suitable detention facilities for children and youth needing such protection; a full-time psychologist to assist in treatment of youthful offenders; an increase in taxes to provide recreational facilities; day care for children of employed mothers; counsel-

ing and placement services for youth wanting to enter industry; and finally, advisory service for parents and youth.

The president of the Civic Coordinating Council is Mr. F. Orville Weber, 224 Grove St., Oshkosh, Wis.

Stella Scurlock

Three States Report Advances in Work for Children and Youth

Louisiana Juvenile Court Commission gets under way

Louisiana's Juvenile Court Commission, authorized by a former legislature, was activated in November 1946 when the Governor appointed its five members, including the commissioner of public welfare, the dean of Tulane University School of Social Work, two judges, and the president of the State parent-teacher association. The commission is now getting under way, with Ethel K. Muse of the State public welfare department as executive secretary. Miss Muse has previously served this department as child-welfare consultant and as appeals referee.

The commission is authorized to study juvenile-court standards in the various States and to make a survey of juvenile delinquency, neglect, and dependency throughout the State of Louisiana, with a view to proposing measures to protect children and to modernize the juvenile courts.

New Jersey Governor's conference on youth

The Governor of New Jersey is calling a conference on youth in May "to implement the conclusions and recommendations of the National Conference on Prevention and Control of Juvenile Delinquency," held in Washington in November 1946. A "core committee" of about 40 members, appointed by the Governor, decided at its first meeting in February that the program of the conference will be patterned after that of the national conference, with emphasis on the general promotion of the welfare of youth. Panels on community organization, home, housing, school, church, recreation, police, juvenile court, detention, treatment facilities, health, and public opinion will meet in advance to prepare reports.

The conference will be organized in subject-matter divisions, and each panel will present its reports to one of the divisions for discussion and implemen-

tation. The division meetings will consider, also, eradication of harmful influences, services for delinquent youth, and general youth services.

High-school and out-of-school youth will be included in the membership of these panels, along with representatives of citizens' organizations, public and private agencies, and experts in the designated fields.

A general program committee of about 25 persons "broadly representative of youth-welfare interests" will receive and study the panel reports and route them to the conference divisions. Judge Richard Hartshorne is chairman of this committee, and Douglas H. MacNeill, director of the division of community services for delinquency prevention, is secretary.

Arkansas Council on Children and Youth

On March 28, 1947, the Arkansas Council on Children and Youth came into being, when the Governor signed a bill creating it.

Its duties will include:

1. Making a continuous study of the educational, health, recreational, welfare, moral, and spiritual environment of children and youth in Arkansas and of their economic and working conditions, with the object of improving these conditions.

2. Reviewing legislation and appropriations pertaining to services for children and youth, and suggesting revisions.

3. Appraising the adequacy and accessibility of existing services for children and youth.

4. Formulating programs for improving existing conditions, after consultation with individuals and agencies concerned with the welfare of children and youth.

The Governor will be the honorary chairman, and the State commissioner of education, the State health officer, the State commissioner of welfare, and the State commissioner of labor will be the permanent members. These permanent members will appoint not more than 21 rotating members from organizations, agencies, and institutions interested in the welfare of children and youth.

The four State departments represented by permanent members will present to the council from time to time the results of studies in the areas of child and youth welfare, and will also investigate problems referred to them by the council.

The new law is the result of the work of the Governor's Committee on Arkansas Children, under the chairmanship of Mrs. Scott Wood, which has been

carrying on a program of study regarding the welfare of Arkansas children and youth for several years.

Stella Scurlock

They Need You

THEY NEED YOU is a project to bring about better understanding between American and European youth. As a step in carrying out this project several articles have been prepared, addressed to the young people of the United States, describing the plight of the children in Europe and suggesting ways to help. These articles are published in pamphlets that are sold at a nominal price, which only partly meets the cost of printing, mailing and handling. The titles are: "What One Friendly Gift Can Do," "Misery of Children in War-Torn Countries of Europe," and "How It Feels To Be Hungry." Single copies are 5 cents; 100 copies or more 4 cents each. Write to **THEY NEED YOU**, 21 South Twelfth Street, Room 226, Philadelphia 7.

The pamphlet entitled "What One Friendly Gift Can Do," says: "You as an American have plenty of food, clothes, good schools, loving care, and medicine when you are ill; therefore you surely would like to share with those European children who have so few of these things."

Summer Courses

Louisiana State University School of Social Welfare, Baton Rouge 3, will offer a 3-week, a 9-week, and a 12-week summer term beginning June 9; also two 3-week courses, beginning June 30 and July 21. The subjects include juvenile delinquency, a workshop in services to children, child-welfare problems, and trends in child welfare.

Mills College, Oakland, Calif., is offering its Summer Session in Child Development. For further information write to Mills College, Oakland 13.

University of Southern California, Los Angeles, will conduct its second workshop in intercultural education, carrying six units of graduate credit. It includes a lecture series, entitled "Racial and Cultural Tensions in America." Further information from the School of Education, University of Southern California, Los Angeles 7.

University of California, Berkeley 4, announces a 6-week training center in

family life, health, and social relations for high-school and college teachers, counselors, nurses, parent educators, supervisors, and community health workers (June 23 to August 2).

New York School of Social Work, Columbia University, New York 10, will hold three series of summer institutes for experienced social workers at the school, and additional ones at Camp Edith Macy, Pleasantville, N. Y. Series I, July 14-25; Series II, July 28-August 8; Series III, August 11-22; and Camp Edith Macy, September 3-16.

Dr. Eliot, Chief Medical Consultant to International Children's Emergency Fund

Dr. Martha M. Eliot, Associate Chief of the U. S. Children's Bureau, has been lent to the International Children's Emergency Fund for 4 months to serve as its chief medical consultant. She left April 25 for Paris to join the chairman of the executive board of the ICEF, Dr. Ludwik Rajchman, for visits to several European countries to develop plans for the operation of the Fund. She will visit France, Czechoslovakia, Poland, Austria, Yugoslavia, Greece, Italy, and Switzerland.

She will return to the United States the first week in June and her headquarters for the remainder of her time with the ICEF will be her office at the Children's Bureau.

Conference Report Postponed

We are postponing till a later issue the report of the recent conference at the Children's Bureau on the child with cerebral palsy.

Children's Bureau Has Thirty-fifth Anniversary

April 9, 1947, marked the beginning of the thirty-fifth year of the Children's Bureau. On that day in 1912 an act of Congress establishing the Children's Bureau received Presidential approval. This act requires that the

Bureau "shall investigate and report * * * upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children in the several States and Territories."

CONFERENCE CALENDAR

June 2-4, 1947—National Congress of Parents and Teachers. Chicago.

June 9-13—American Medical Association. Ninety-sixth annual session. Atlantic City.

June 17-20—National Tuberculosis Association. Forty-third annual meeting. San Francisco.

June 23-26—American Home Economics Association. Thirty-eighth annual meeting. St. Louis.

June 23-28—General Federation of Women's Clubs. Annual convention. New York.

July 6-12—American Physiotherapy Association. Twenty-fourth annual meeting. Asilomar, Calif.

July 9-13—First Pan American Congress of Pediatrics. Washington.

July 14-17—Fifth International Congress of Pediatrics. New York. This international congress was to have been held in Boston in 1940, but had to be postponed because of the war. Further information from the secretary, Dr. L. Emmett Holt, Jr., Bellevue Hospital, New York 16.

We wish that every baby could have the good health that the cover girl on our May issue shows. The photograph is by Philip Bonn for the Children's Bureau.

Other credits:

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CHILD HEALTH DAY, 1947
BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A Proclamation

Whereas the Congress, by a joint resolution of May 18, 1928 (45 Stat. 617), authorized and requested the President "to issue annually a proclamation setting apart May 1 of each year as Child Health Day and inviting all agencies and organizations interested in child welfare to unite upon that day in the observance of such exercises as will awaken the people of the Nation to the fundamental necessity of a year-round program for the protection and development of the health of the Nation's children"; and

Whereas every citizen of our country has an inescapable obligation to aid in insuring the American child's birthright of health and of freedom from handicaps; and

Whereas accidents are the leading cause of death and an important cause of crippling among children:

Now, therefore, I, HARRY S. TRUMAN, President of the United States of America, do hereby designate May 1, 1947, as Child Health Day; and I invite interested individuals and agencies to observe the day with appropriate ceremonies designed to stimulate interest in and devotion to the cause of child welfare in the coming year.

I call upon parents to dedicate themselves on that day to the exercise of unusual diligence throughout the year

toward the prevention of accidents in the home, so that the children may be protected from needless injury and suffering and may receive and enjoy the blessings of health and happiness.

In witness whereof, I have hereunto set my hand and caused the seal of the United States of America to be affixed.

Done at the City of Washington this eighth day of April, in the year of our Lord nineteen hundred and forty-seven, and of the Independence of the United States of America the one hundred and seventy-first.



Harry Truman

By the President:

Samuel A. Clegg

Acting Secretary of State.

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FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

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